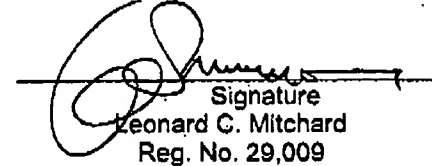


JAN 02 2009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**RESPONSE UNDER RULE 116
EXPEDITED HANDLING PROCEDURES
FACSIMILE CERTIFICATE**

I hereby certify that this Amendment is being transmitted by facsimile to the Patent and Trademark Office on January 2, 2009, specifically to 571-273-8300.


Signature
Leonard C. Mitchard
Reg. No. 29,009

No. of pages transmitted (including this cover sheet): 12 pages

In re Patent Application of

Atty LCM-604-706
Dkt.

C# M#

HARBIGE et al

TC/A.U. 1617

Serial No. 10/756,761

Examiner: Kantamneni, Shobha

Filed: January 14, 2004

Date: January 2, 2009

Title: TREATMENT OF NEURODEGENERATIVE CONDITIONS

Mail Stop AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment 0 minus highest number
previously paid for 20 (at least 20) = 0 x \$52.00 \$0.00 (1202)/\$0.00 (2202) \$

Independent claims after amendment 0 minus highest number
previously paid for 3 (at least 3) = 0 x \$220.00 \$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add
\$390.00 (1203)/\$195.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)

One Month Extension \$130.00 (1251)/\$65.00 (2251)
Two Month Extensions \$490.00 (1252)/\$245.00 (2252)
Three Month Extensions \$1110.00 (1253)/\$555.00 (2253)
Four Month Extensions \$1730.00 (1254)/\$865.00 (2254)
Five Month Extensions \$2350.00 (1255)/\$1175.00 (2255) \$ 1110.00
Terminal disclaimer enclosed, add \$140.00 (1814)/ \$70.00 (2814) \$

Terminal disclaimer enclosed, add

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 0.00

Assignment Recording Fee \$40.00 (8021) \$ 0.00

Other: Notice of Appeal \$ 540.00

TOTAL FEE \$ 1650.00☒ **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
LCM:iff

NIXON & VANDERHYE P.C.
By Atty: Leonard C. Mitchard, Reg. No. 29,009

Signature: 

P.02
RECEIVED
CENTRAL FAX CENTER
JAN 02 2009**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**
Before the Board of Patent Appeals and Interferences

In re Patent Application of

Atty Dkt. LCM-604-706

C# M#

Confirmation No. 1504

TC/A.U.: 1617

HARBIGE et al

Serial No. 10/756,761

Examiner: Kantamneni, Shobha

Filed: January 14, 2004

Date: January 2, 2009

Title: TREATMENT OF NEURODEGENERATIVE CONDITIONS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

☐ Correspondence Address Indication Form Attached.☒ **NOTICE OF APPEAL**Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the Examiner twice/finally rejecting applicant's claim(s).

\$540.00 (1401)/\$270.00 (2401) \$ 540.00

☐ An appeal **BRIEF** is attached in the pending appeal of the above-identified application

\$540.00 (1402)/\$270.00 (2402) \$

☐ Credit for fees paid in prior appeal without decision on merits

\$()

☐ A reply brief is attached.

(no fee)

☐ Pre-Appeal Brief Request for Review form attached.☒ Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s)

One Month Extension \$130.00 (1251)/\$65.00 (2251)

Two Month Extensions \$490.00 (1252)/\$245.00 (2252)

Three Month Extensions \$1110.00 (1253)/\$555.00 (2253)

Four Month Extensions \$1730.00 (1254)/\$865.00 (2254) \$ 1110.00

☐ "Small entity" statement attached.

Less month extension previously paid on

\$()

TOTAL FEE ENCLOSED \$ 1650.00☒ **CREDIT CARD PAYMENT FORM ATTACHED.**Any future submission requiring an extension of time is hereby stated to include a petition for such time extension. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our **Account No. 14-1140**.901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
LCM:iff

NIXON & VANDERHYE P.C.

By Atty: Leonard C. Mitchard, Reg. No. 29,009

Signature: 

01/05/2009 VBU111 00000007 10756761

01 FC:1253

1110.00 OP

02 FC:1401

540.00 OP